

P.O. Box 12076 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.agr.state.tx.us

Texas Department of Agriculture Application for Pesticide Applicator License Change of Classification

PA-407

TODD STAPLES, COMMISSIONER

SECTION A	¹ VERIFICATION INFORMATION					TDA USE ONLY	
						Remittance No.	
	Last Name					Batch No.	
S	Social Security No.						
	¹ CURRENT LICENSE TYPE						
	Commercial	Noncommerci	ial	_		rcial Political Subdivision	
SECTION B	No No						
	² CHANGE TO LICENSE TYPE						
	Commercial Noncommercial Noncomm					rcial Political Subdivision	
	FEE TABLE						
CI	Commercial to Noncommercial			\$120			
SI							
	<u> </u>			\$180			
	Noncommercial Political Subdivision to Noncommercial Political Subdivision to		\$180 \$120				
	Noncommercial Political Subdivision to Noncommercial to Noncommercial Political Subdivision to			\$120 \$12			
	Noncommercial to Noncommercial Poll	tical Subdivision		\$12			
	<u> </u>	le <u>ONLY</u> the info					
	¹ COMMERCIAL/NONCOMMERCIAL POLITICAL SUBDIVISION ONLY						
	Employer Name		Primary Phone				
						-	
	² EMPLOYER'S PHYSICAL ADDRESS						
NC	Address						
SECTION C	City		State		Zip		
SE	³ EMPLOYER'S MAILING ADDRESS					me as Physical Address	
	Address						
	City		State		Zip		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Applicator Name

SECTION D	¹ COMMERCIAL APPLICATORS ONLY						
	Have you been convicted of any felony in the last five years that you have not previously reported to TDA when applying for or renewing a pesticide applicator license? Yes No						
	If yes, please provide your date of birth / / month day year Also attach a statement showing the felony crime for which you were convicted, the date of the conviction, the county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of						
	the crime and completion of any sentence or probation.						
	¹ PAYMENT						
	Please use fee table above to calculate applicable fees.						
I E	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.						
SECTION E	Method of Payment (payable to Texas Department of Ag Check # Cashier's Check #		riculture) Money Order #				
	Amount remitted \$		Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076				
	TDA USE ONLY Receipt No.	Date Rec	te Receipt Issued				
	¹ SIGNATURE						
SECTION F	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.						
SEC	Applicant Name		Title				
	Applicant Signature		Date / / month day year				
7 h							
NG	¹ CHECKLIST	ne necessa	month day year				
JON G	¹ CHECKLIST Please use this checklist to ensure you are sending all of th ☐ Pesticide Applicator License Change of Classification		month day year ry information and documents.				
SECTION G	CHECKLIST Please use this checklist to ensure you are sending all of the sending all of		month day year ry information and documents.				